

Sustainable Prescription Monitoring Program Funding, CMS Certification



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Agenda



- Welcome and Introductions
- Funding in General
- Support Act and HITECH Funding
- MES funding
- Streamlined Modular (SMC) Certification
- Certification Process
- Key Milestones
- Nebraska, Ohio and Maine Lessons Learned
- Questions

Current and Previous Funding Sources



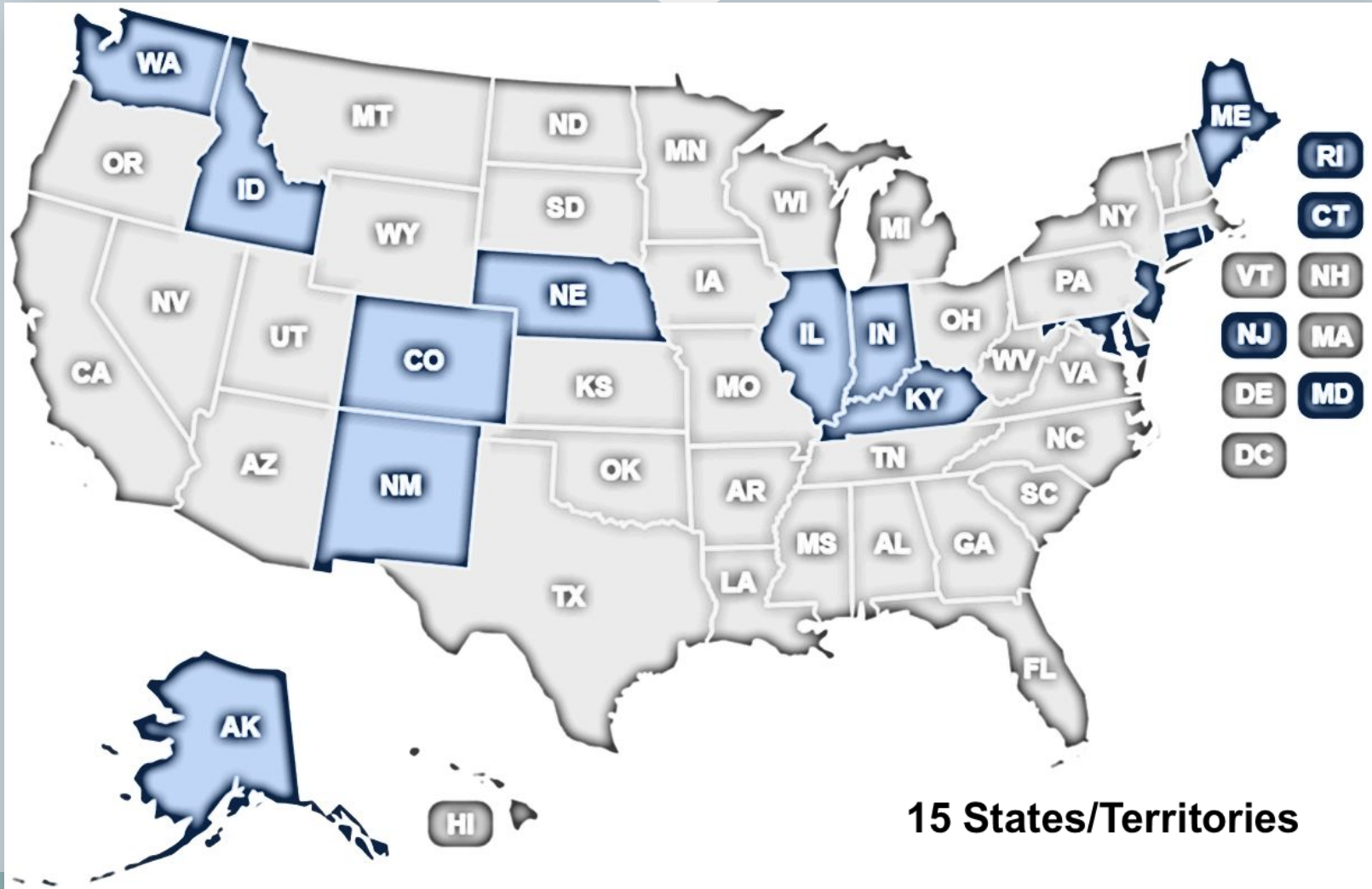
- PDMPs across the United States have primarily been funded by a combination of state general funds and grants from either:
 - The Centers for Disease Control (CDC),
 - Substance Abuse and Mental Health Services Administration (SAMHSA),
 - The Bureau of Justice Assistance (BJA), and/or
 - The Centers for Medicare and Medicaid Services (CMS)
- SUPPORT Act Funding (ended September 30, 2020)
- HITECH Funding (ended September 30, 2021)

SUPPORT Act Funding



- This funding was provided by CMS through the state Medicaid Programs
- This was 100% funding for PDMP programs to work toward meeting the requirements of the SUPPORT Act
- Funding was to be used to design, develop and implement a qualified PDMP and to make connections to the qualified PDMP
- The SUPPORT Act also included information on reporting requirements related to data found in the PDMP
- Funding ended September 30, 2020

States that received SUPPORT Act Funding

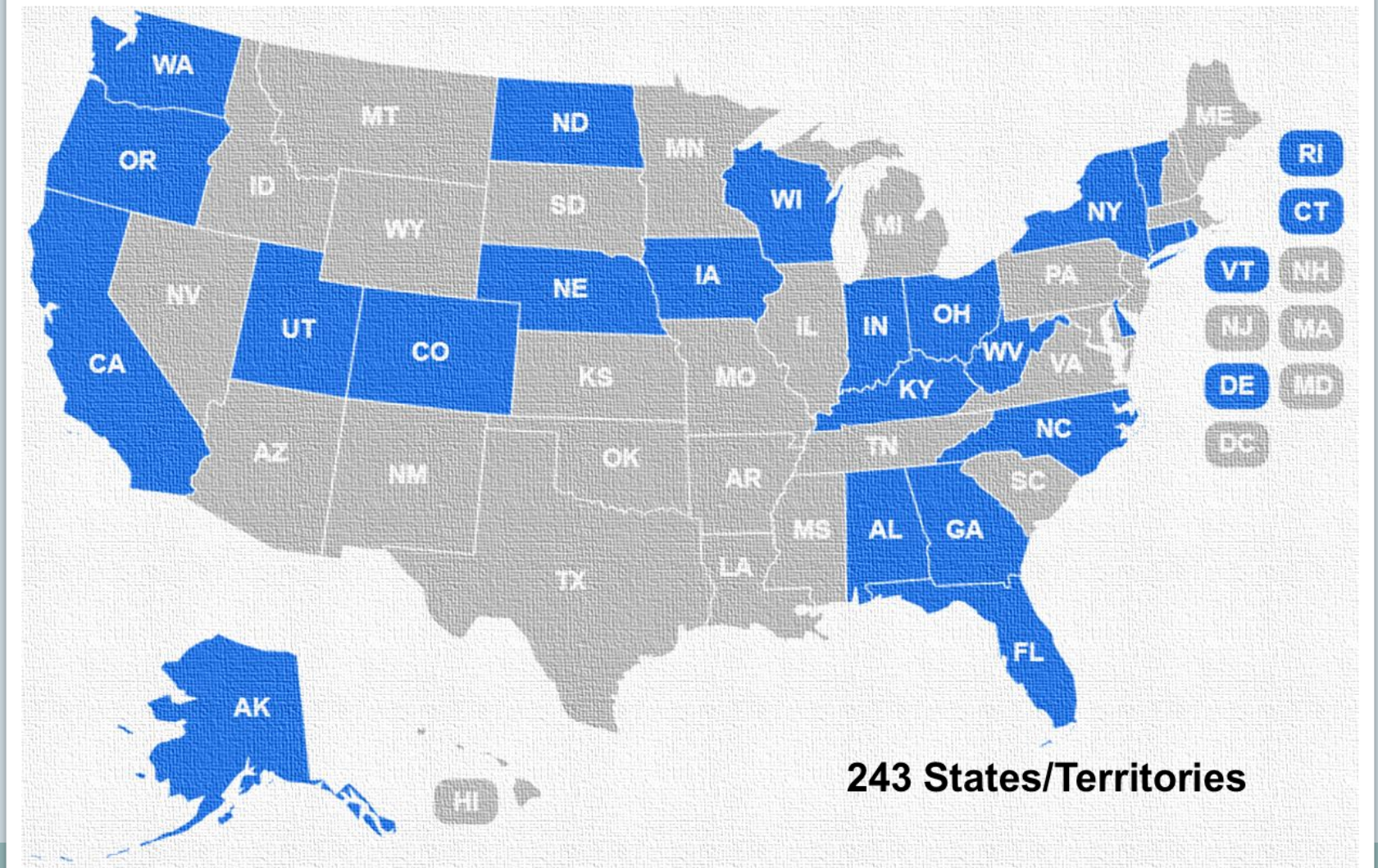


HITECH Funding



- This funding was provided by CMS through the state Medicaid Programs
- Available during Medicaid Promoting Interoperability Program
- Focus was to provide funding to aid Eligible Providers and Hospitals to be able to query the state PDMP
- Funding ended September 30, 2021

States that received HITECH Funding



SUPPORT Act and HITECH Funding Connection

- SUPPORT Act and HITECH funding came from CMS through the state Medicaid programs
 - Created a relationship with Medicaid
 - Provided a clear benefit of the PDMP to the Medicaid Program
 - Created funding mechanisms to be able to transfer funds from Medicaid to the PDMP program
- CMS understands the importance of the state PDMPs
- States still have the ability to request MES funding even if they did not receive HITECH or SUPPORT Act funding

What is MES Funding?



- Medicaid Enterprise System (MES) Funding is provided by CMS and requested through the State Medicaid Program
- Transition from Medicaid Management Information Systems (MMIS) funding (Medicaid Systems only) to MES funding which now includes PDMP
- State PDMP programs have the ability to request funding through MES funding
- Since funding is being provided by the Medicaid program, CMS will only cover the costs that directly benefit Medicaid (program, providers, patients)
- **IMPORTANT:** In order to receive enhanced MES funding, the PDMP will need to go through the **CMS Streamlined Modular Certification (SMC) process**

Why MES funding?



- It's a more reliable funding source
 - No end date
 - Renewed annually
- Once certified, funding requires less time and effort than applying for and managing grants
- Once certified, MES funding provides 75% enhanced federal funding

MES Funding Components



- **Advance Planning Documents (APD)** – submitted to CMS by Medicaid to request enhanced funding
 - Planning
 - Implementation
 - Operations
- **Federal Financial Participation (FFP)**
 - Design, Development, and Implementation (DDI) 90/10
 - Operations *75/25 requires CMS certification*
 - Administration 50/50
- **Cost Allocation** to determine Medicaid portion
- **IMPORTANT:** Once CMS certification is achieved, the funding can be requested retroactively back to the date the system was the system of truth for collecting all of the required metrics (max of 2 years)

Streamlined Modular Certification (SMC)



- April 14, 2022: SMC State Medicaid Directors Letter (SMDL) and Guidance Release
 - Establishes the SMC process as the new standard for all MES project certifications going forward
 - Systems interested in obtaining 75/25 enhanced funding need to go through the SMC process
 - CMS has a website that provides guidance on the SMC process and requirements:
<https://www.medicaid.gov/medicaid/data-systems/certification/streamlined-modular-certification/index.html>

Streamlined Modular Certification (SMC)

- Key elements of SMC

- CMS required Outcomes/Metrics

- Currently CMS has 6 Required Outcomes with associated Metrics

- These are located on the CMS GitHub site found here:

- <https://cmsgov.github.io/CMCS-DSG-DSS-Certification/>

- State Specific Outcomes/Metrics

- At least 1 state specific Outcome/Metric

- Operational Report Workbook

- Includes data for the CMS required and State specific metrics

Streamlined Modular Certification (SMC)

- Key elements of SMC
 - OAPD (funding request)
 - Includes cost allocation
 - Intake Form
 - Includes Conditions for Enhanced Funding (CEF)
 - There are 22 CEFs
 - Evidence to support the Conditions for Enhanced Funding
 - Must provide evidence/documentation to show the PDMP meets these CEFs

Streamlined Modular Certification (SMC)

● Key Elements of SMC

○ Operational Readiness Review (ORR)

- This is an event where the state demonstrates the system, provides documentation outlined in the SMC guidance document and walks through use cases to show the system is performing as expected. Once completed and CMS does not have any critical issues with the ORR, the system can Go Live

○ Certification Review (CR)

- This is an event that happens at least 6 months after the ORR. The state will show at least 6 months of metrics data to indicate the system is functioning properly.

○ PDMP systems will likely undergo a combined ORR/CR Event

Cost Allocation and Funding Match



- Since Medicaid will only pay their 'fair share' (the portion of costs attributed to Medicaid), the funding request need to be Cost Allocated.
- State will need to propose and get approval for a Cost Allocation Method (CAM) from CMS prior to funding being released.
- The CAM can be Medicaid program, provider or patient based as long as it demonstrates the benefit to Medicaid, justifies/quantifies the Medicaid benefit with supporting data and is reproduceable.
- **IMPORTANT:** The Cost Allocation % is very important in determining the amount of funding the PDMP will receive from CMS.

Example Funding Table

Total Cost	Cost Allocation %	Amount <u>not</u> available for Medicaid Funding	Amount available for enhanced funding	75% Federal Match	25% State Match	Total Amount PDMP needs to cover
\$2,000,000	20%	\$1,600,000	\$400,000	\$300,000	\$100,000	\$1,700,000
\$2,000,000	40%	\$1,200,000	\$800,000	\$600,000	\$200,000	\$1,400,000
\$2,000,000	60%	\$800,000	\$1,200,000	\$900,000	\$300,000	\$1,100,000
Difference the PDMP would save if cost allocation is 60% instead of 20%						\$600,000

Key Takeaways

- The cost allocation percentage makes a big difference in the PDMP budget.
- The PDMP can use Federal Funds/Grant Funds to cover the 'Amount not available for Medicaid Funding'.
- The PDMP cannot use Federal Funds/Grant Funds to cover the 25% State Match.

Certification Process



Certification Timeline

APD

Pre-CR

CR Event

Planning

Preparation

Operations & Maintenance

- Obtain approval from Medicaid Program to proceed
- Create State Specific Outcomes/Metrics
- Discuss Funding Needs and Cost Allocation
- Create and finalize language for OAPD
- Meet regularly with Medicaid, CMS and MITRE

- Submit OAPD
- Collect and Create Artifacts needed to request a CR date
- Draft Intake Form
- Collect and Create Artifacts needed for the CR event
- Meet regularly with Medicaid, CMS and MITRE
- Request date for CR event
- Draft presentation to be used during the CR Event

- Hold kick-off with CMS/MITRE 2 weeks prior to CR Event
- Finalize all documentation needed for the CR event
- Submit all evidence, metrics report and presentation to CMS/MITRE 2 weeks prior to CR Event
- Participate in practice runs for the CR event
- Participate in the CR event
- Assist with responses to CMS/MITRE questions

Key Milestones



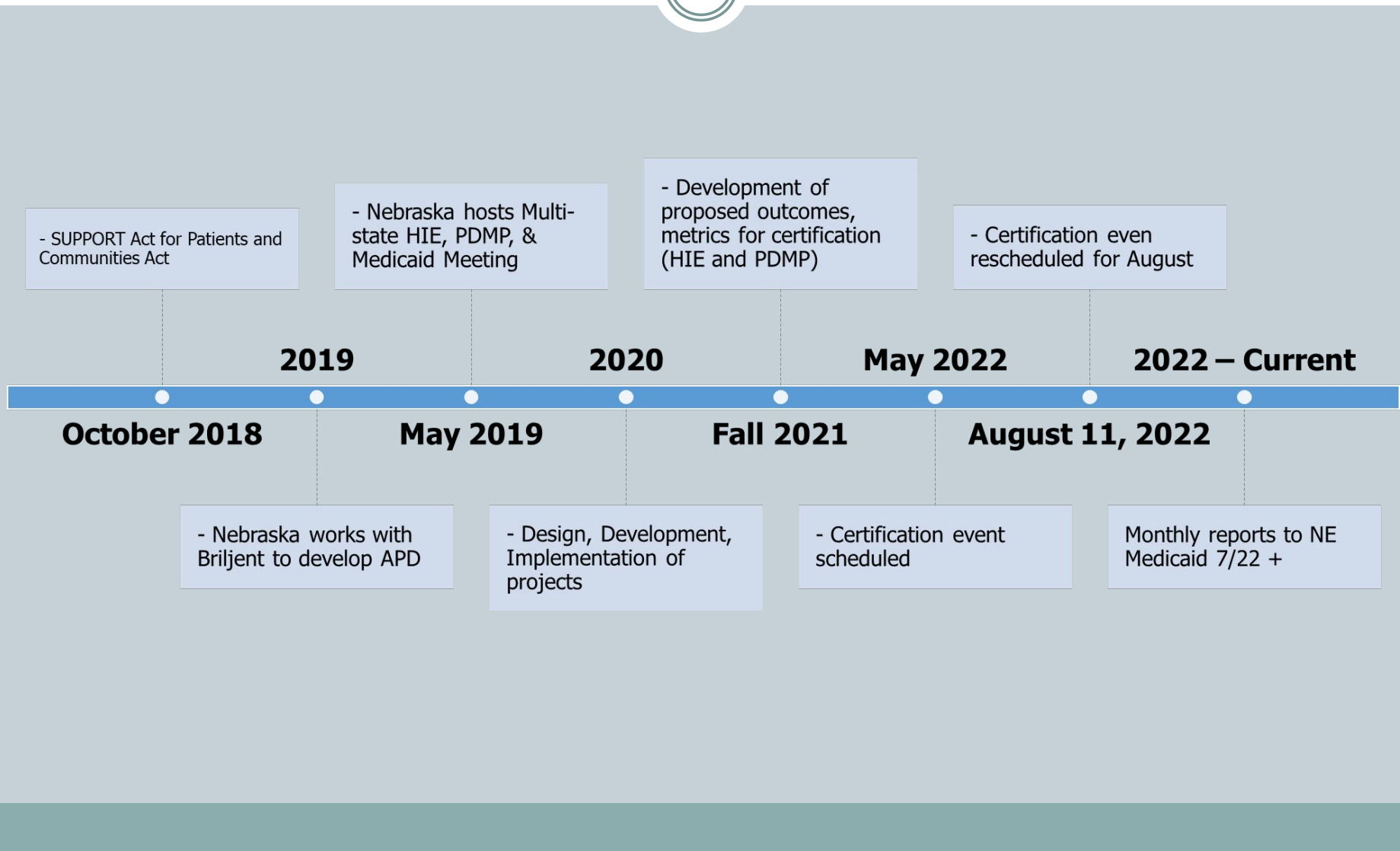
- ❑ Get Agreement from all key stakeholders to proceed with SMC
- ❑ Finalize Cost Allocation
- ❑ Finalize and submit OAPD to CMS
- ❑ Compile all Artifacts needed to request a Certification Review date (Appendix C from CMS SMC guidance document)
- ❑ Create a State Specific Outcome and Metric (to add to the 6 CMS Required Outcomes/Metrics)
- ❑ Complete Intake Form
- ❑ Utilize CMS Operational Report Workbook to enter data for the CMS required outcomes/metrics and the state specific outcomes/metrics. Generate 6 months of Metrics data – for CMS and State Specific Outcomes
- ❑ Create Presentation and Prep for CR event

Nebraska's Take on Qualified PDMP and CMS Certification



**KARI MAJORS,
EXECUTIVE DIRECTOR, CYNCHHEALTH**

Nebraska PDMP Certification Timeline



Key Phases Overview



- **Phase I**
 - Develop and review cost-allocation methodology with CMS
 - Discuss logic and data for CMS-required outcomes and metrics for PDMP
 - Meet regularly with Certification Team (PDMP staff, State staff, CMS, Mitre) to plan, prepare, and discuss requirements, timelines, due dates, etc.
- **Phase II**
 - Develop method of reporting alongside logic specifications for how the metrics are produced- 6+ months of production data required prior to certification and reviewed by State DUR Board
 - Identify certification evidence for CEFs, including graphs, security documents, specification documents, 508 compliance letters, and anything else needed by the State or CMS. Discuss these with CMS/MITRE team.
- **Phase III**
 - Develop and collect certification evidence/artifacts
 - Develop presentation and demo materials- including use cases outlining value to Medicaid
 - Conduct practice demos and work on smoothing any identified issues during this period
- **Phase IV**
 - Conduct the demo with the State and CMS
 - Wait for CR tear-out, final action items or findings and complete them as necessary

Qualified PDMP



- Require each covered provider to check, in accordance with such timing, manner, and form as specified by the State, ... (b) before prescribing to such individual a controlled substance
- Facilitates access by a covered provider, the following information in as close to real-time as possible:
 - the prescription drug history of a covered individual with respect to a covered individual, to controlled substances
- Facilitates the integration of information into the workflow of a covered provider
- A data-sharing agreement with the State Medicaid program place agreements with all States that are contiguous to such administering State that, when combined, enable covered providers in all such contiguous States to access, through the prescription drug monitoring program.

PDMP Outcomes



Reference #	Outcome	Source(s)
PDMP1	<p>Covered providers have near real-time access to:</p> <ul style="list-style-type: none">a. Information regarding Medicaid beneficiary's prescription drug history.b. The number and type of controlled substances prescribed to and filled for the covered individual during at least the most recent 12-month period.c. The name, location, and contact information (or other identifying number selected by the state, such as a national provider identifier issued by the CMS National Plan and Provider Enumeration System) of each covered provider who prescribed a controlled substance to the covered individual during at least the most recent 12-month period.	Section 1944(b) of the Act Section 5042 – Medicaid PARTNERSHIP Act CMS FAQs-SUPPORT for Patients and Communities Act
PDMP2	<p>Providers can easily use the PDMP information through workflow integration, which may include electronic prescribing system for controlled substances.</p>	Section 1944(b) of the Act Section 5042 – Medicaid PARTNERSHIP Act CMS FAQs-SUPPORT for Patients and Communities Act
PDMP3	<p>The state has data-sharing agreements with all contiguous states to track patients, prescribers, and prescriptions across state lines.</p>	Section 1944(f) of the Act Section 5042 – Medicaid PARTNERSHIP Act CMS FAQs-SUPPORT for Patients and Communities Act

PDMP Outcomes



Reference #	Outcome	Source(s)
PDMP4	The state medical and pharmacy directors and any designee has access to the PDMP information in an electronic format based on data-sharing agreements in place (subject to state law).	Section 1944(b) of the Act Section 5042 – Medicaid PARTNERSHIP Act CMS FAQs-SUPPORT for Patients and Communities Act
PDMP5	The state produces data for the reports that are required to be submitted in the Annual Report to HHS.	Section 1944(e) of the Act Section 5042 – Medicaid PARTNERSHIP Act 42 C.F.R. §433.112(b)(15) CMS FAQs-SUPPORT for Patients and Communities Act
PDMP6	The system produces reports to contribute to reports to HHS by the State Drug Utilization Review (DUR) Board and for program evaluation, continuous improvement in business operations, transparency and accountability, as well as identify patterns of fraud, abuse, gross overuse, excessive utilization related to limitations identified by the state, inappropriate or medically unnecessary care, or prescribing or billing practices that indicate abuse or excessive utilization among Medicaid physicians, pharmacists and enrollees associated with specific drugs or groups of drugs.	Section 1944 (e)(1) of the Act Section 1927(g)(2)(B) and (g)(3)(D) of the Act Section 1004 of the SUPPORT Act 42 C.F.R. §433.112(b)(15) CMS FAQs-SUPPORT for Patients and Communities Act Centers for Disease Control

Phase I – Cost Allocation



- APD Cost Allocation Methodology
 - Cost allocation was based on a base of Medicaid Providers based on HIE/PDMP participation and then weighted based on level of effort for project hours attributed to direct Medicaid benefit vs all project hours
 - Agreement on this cost allocation methodology required dozens of meetings with State Teams, CMS RAI, and considerable back-and-forth as CMS reviewed data, methodology, etc.

Process



- Collaboration between PDMP agency and State Medicaid agency
 - State Medicaid roster of covered individuals
 - PDMP vendor
- CMS project officer
- Review FAQ, SMC Guidance
- Medicaid Drug Utilization Review Survey
- Report at least 6 months PDMP metrics to state DUR Board
- Work with MITRE Group prior to certification event

Certification Event



- ❑ CMS project officer
- ❑ Work with MITRE Group prior to the certification event
- ❑ How does this benefit Medicaid, providers, and beneficiaries
- ❑ Technology platforms
 - ❑ System architecture
- ❑ Platform integration
 - ❑ EHR
 - ❑ HIE
- ❑ PDMP functionality
- ❑ Privacy & Security
 - ❑ Pen test
 - ❑ SOC2
 - ❑ HITRUST
- ❑ Platform demonstrations
- ❑ Metrics
- ❑ Questions
- ❑ Understand the information and where it comes from

Certification Event - PDMP



● Participants

- State Medicaid agency
- PDMP administrator
- PDMP vendor
- Analytics team

● Speak intelligibly and confidently to a topic or question

● Be prepared to produce documents, diagrams, calculations

Phase II – Certification Materials Collection

● Technology Solutions

- Specification documents, infrastructure/architecture diagrams, integration diagrams (how systems interact), data flow diagrams, official letters that confirm adherence to specific standards (e.g., HL7, PMIX, ASAP, etc.), and 508 compliance VPATs or letters

● Security Documents

- SOC II reports, HITRUST reports, penetration testing results (unredacted), remediation plans for penetration tests, Disaster Recovery (DR) plans (unredacted), and DR test results with remediation plans

● Other Documents

- Service contracts with vendors, SLAs with vendors, BAAs with vendors, or other vendor-related documents that support compliance with certification requirements

For sensitive documents, you may need third-party vendors to engage directly with the State or CMS to enact NDAs or Defensive Measures Agreements in order to safeguard highly sensitive material (pen tests, unredacted reports, DR plans, etc.).

Phase III – Preparation and Demos



- Participants will likely include:
 - Multiple PDMP team members (clinical, analytics, security)
 - Vendor product/security experts
 - State personnel and experts in specific fields (e.g., security)
 - CMS representatives
 - CMS-contracted Certification Team (MITRE)
- Keep demos running smoothly by practicing ahead of time
- Conduct dry-runs on the product demo and the developed slides
- Do not record portions of the demo that have live/sensitive data
- Do not include sensitive data in the presentation materials without redacting information

Certification Event – Considerations

● Privacy and Security

- Redacted screenshots vs. demo in Production environment with PHI
- Security
- APD cost allocation
- Analytics and reporting
 - DUR Annual Survey
 - DUR Board Report

Phase IV – Live Demo and Follow-ups

- Post-demo/certification event, CMS may have follow-up questions or findings
 - Remediate these issues as quickly as possible and ensure active and weekly communication with the State Team and CMS/MITRE occurs regarding the status of all items
- Await Certification Letter 2-4 months after any post CR event actions are completed.

Phase IV – Live Demo and Follow-ups

- Form CMS-R-153 FFS Medicaid Annual Report
 - <https://omb.report/icr/202112-0938-014/doc/117377200>
- CMS Streamlined Modular Certification (SMC) for Medicaid Enterprise Systems Certification Guidance
 - <https://www.medicaid.gov/medicaid/data-and-systems/downloads/smc-certification-guidance.pdf>

Ohio's Take on PDMP Certification and CMS Funding



**CAMERON MCNAMEE,
DIRECTOR OF POLICY AND
COMMUNICATIONS,
STATE OF OHIO BOARD OF PHARMACY**

Disclaimer



- This presentation provides an overview of Ohio's experience, which was the first PDMP to undergo certification under MMIS (Medicaid Management Information System)
 - Medicaid Enterprise System (MES) **contains Medicaid Management Information System (MMIS)** and Eligibility and Enrollment (E&E)
- Required documentation, processes, and procedures are subject to change so be sure to work closely with your CMS Project Officer.

The information provided in this presentation does not, and is not intended to, constitute legal advice; instead, all information, content, and materials contained within are for general informational purposes only.

Funding Source:

Medicaid Management Information System (MMIS)

- The Medicaid Management Information System (MMIS) is an integrated group of procedures and computer processing operations (subsystems) developed at the general design level to meet principal objectives.
- The objectives of this system and its enhancements include the Title XIX program control and administrative costs; service to recipients, providers, and inquiries; operations of claims control and computer capabilities; and management reporting for planning and control.
- States may receive 90% federal financial participation (FFP) for design, development, or installation, and **75% FFP for operation of state mechanized claims processing and information retrieval systems approved by the secretary.**

Key Stakeholders



- **State PDMP Agency**
- **State Medicaid Agency** representatives from:
 - Data;
 - IT/Legal;
 - Advanced planning document (APD) submission;
 - System certification;
 - Pharmacy/Medical.
- Ohio receiving PDMP funding under HITECH, so existing Medicaid contacts were utilized.
- ***Ohio has laws that permit the sharing of PDMP data between Board of Pharmacy and Medicaid. For Ohio, it requires a signed data use agreement between the two agencies.***

Key Stakeholders



- **State IT (Innovate Ohio)**
- **CMS Project Officer**
 - Assigned to one or more states to assist with questions regarding APD submission and certification of systems under MMIS.
 - State Medicaid agency will have this contact.
- **Bamboo Health (Formerly Appriss)**
- **MITRE** - *As a not-for-profit organization, MITRE works in the public interest across federal, state and local governments, as well as industry and academia. We bring innovative ideas into existence in areas as varied as artificial intelligence, intuitive data science, quantum information science, health informatics, space security, policy and economic expertise, trustworthy autonomy, cyber threat sharing, and cyber resilience.*

Funding and Certification Process



Funding and certification is a two-part process:

- Advanced Planning Document (APD) Submission (annual requirement)
- System Certification (one-time process)

These are two separate, but interrelated processes.

Advanced Planning Document (APD) Submission

- APD is a document that outlines all requests for funding under MMIS.
- It will include various systems operated by the state Medicaid agency.
- Submitted every year by State Medicaid agency for approval by start of each FFY. **However, drafting process starts earlier in the year so talk with state Medicaid agency regarding their timeline.**
- For PDMP, it generally requires the following:
 - Cost Allocation Plan/Methodology
 - Total costs for annual system operation for FFY(staff/contractors/contracts)
 - Table of organization for staff covered under MMIS proposal
 - PDMP contract language

Advanced Planning Document (APD) Submission



● **APD-Cost Allocation Plan/Methodology**

- For existing systems (i.e., all PDMPs), MMIS covers 75% of the percentage of the system that benefits the state's Medicaid population.
- Therefore, they are seeking state specific data regarding how the system benefits Medicaid providers or patients.
- To obtain Ohio's allocation methodology, we worked with our CMS Project Officer.

Advanced Planning Document (APD) Submission



Year	Medicaid Prescriptions	Total Number of Prescriptions in PDMP	Percentage of Prescriptions in PDMP for Medicaid Enrollees
2021	9,930,142	27,216,908	36.5%
2022	10,079,598	27,520,760	36.6%

- The allocation methodology is based upon the total number of prescriptions for Medicaid recipients in the PDMP in relation to the total number of prescriptions for all Ohioans in the PDMP.
- This allocation methodology is just one example. Talk with your CMS Project Officer to discuss other possible allocations based upon data within your PDMP.
- Table based on CY 2021/2022 data.



Remember MMIS covers up to 75% of Medicaid's allocation.

In Ohio, our proposal is approx. 75% of 36.6%.

Advanced Planning Document (APD) Submission



Total costs for annual system operation for FFY (staff/contractors/contracts)

- As part of the APD and certification process, the APD must include a breakdown of all staff and other operating costs.
- For Ohio, this includes:
 - Bamboo Contract (PDMP Hosting, NarxCare, PMP Gateway Integration Service for Entire State)
 - PDMP Staff* (including PDMP Administrator, PDMP Pharmacist, Integration Contractor, and PDMP Customer Service Staff)
- ****Only included staff that work 100% on PDMP operations. Split coded staff would require a detail accounting of hours spent working on PDMP operations.***

System Certification: A Timeline



- **October 2020:** Initial meeting with Medicaid stakeholders to discuss possible certification of PDMP under MMIS funding.
- **July 2021:** Ohio Department of Medicaid submits APD to CMS for approval.
- **November 2020 – July 2021:** Meeting with state Medicaid and CMS Project Officer to review intake form requirements and discuss certification process.
- **July 21, 2021:** Sent draft certification materials to CMS and MITRE for initial review.
- **August 4, 2021:** Certification meeting (~5 hours) with MITRE, CMS, and Ohio Department of Medicaid. CMS has 60-days from review to issue determination regarding certification.
- **October 28, 2021:** Certification approved by CMS.

Review of Certification Materials



- Started with PowerPoint presentation to ensure reviewers have foundational PDMP knowledge.
- Certification is a process whereby you educate CMS on PDMPs, while also educating your agency on how Medicaid/CMS operate.
- Ohio's materials were provided as a zip file and distributed to participants prior to this webinar.
- Certification is based on PDMP Intake Form provided by CMS.
- Certification is a **one-time** process.

PDMP Intake Form



PDMP 5 Required Reporting

the dates of each step in each step-line (including the duration of each step-line) and period of validity of such prescriptions, and different populations (such as individuals who are elderly, individuals with disabilities, and individuals who are incarcerated) as well as other populations as defined in 42 CFR 101.11.3. The percentage of pharmacists who checked the prescription for controlled substances before dispensing to the patient.

Instructions for Intake Form **CMS Required Outcomes** Metrics Conditions for Enhanced Funding State-Specific Outcomes

Reference #	CMS-Required Outcome	Source(s)	Metric(s)	State CR Evidence	State CR Comments
PDMP 1 Qualified PDMP	Controlled prescribers have access to the state's controlled substance prescription drug history. b. The number and type of controlled substance prescriptions and fill-dates for controlled individual drug dispensed the most recent 12-month period. c. The name, location, and contact information (or other identifier) for number of controlled prescribers. d. An annual provider identification by the CMS National Prescription Drug Monitoring System of each controlled prescriber and prescriber controlled substance. e. The date of the most recent update of the most recent 12-month period.	Section 1946(E) of the ACA (Prescription Drug Affordability Act) Section 5042 - Medicaid PART B PPSHP Act CMS FACTS SUPPORT for Medicare and Commercial Act	1. Reports from the PDMP demonstrating covered prescribers with fill dates and controlled substance prescription drug history. 2. Reports from the HLMH demonstrating covered prescribers with the procedure number and type of controlled substance prescribed, and fill date, time, and individual drug at least the most recent 12-month period data on "prescribed" and filled PDMP color match data sources. 3. Reports from the PDMP demonstrating prescriber identification numbers for the state, location, and contact information for other identifiers (as number selected by the state), such as a national provider identifier issued by the CMS' National Provider Identifier Investigation System (if each a verified unique identifier) or other identifiers to the covered jurisdiction. Drug at least the most recent 12-	Report showing the average time to receive patient data from the PDMP and the average time to produce a patient report. Sample Patient Reporting Report to demonstrate the information given to providers.	Evidence exists to link to the Ohio Medical Board's Report on the "PDMP 1 Qualified PDMP" subtopic in the "Required Outcomes" folder.

Required Outcomes Tab – PDMP 2



Reference #	CMS-Required Outcome	Source(s)	Metrics	State CR Evidence
<p>PDMP 2 Qualified PDMP</p>	<p>Providers can easily use the PDMP information through workflow integration, which may include electronic prescribing system for controlled substances.</p>	<p>Section 1944(b) of the Act</p> <p>Section 5042 – Medicaid PARTNERSHIP Act</p> <p>CMS FAQs-SUPPORT for Patients and Communities Act</p>	<p>Time elapsed between provider queries and PDMP responses.</p>	<ol style="list-style-type: none"> 1. Report showing the average time to retrieve patient data from the PDMP and the average time to produce a patient report 2. Screen recording from OhioHealth using EPIC (Ohio's largest EHR provider) demonstrating workflow integration (.MP4 Format)

Required Outcomes Tab – PDMP 2



Certification Updated > Metrics & Required Outcomes > PDMP 2 Qualified PDMP

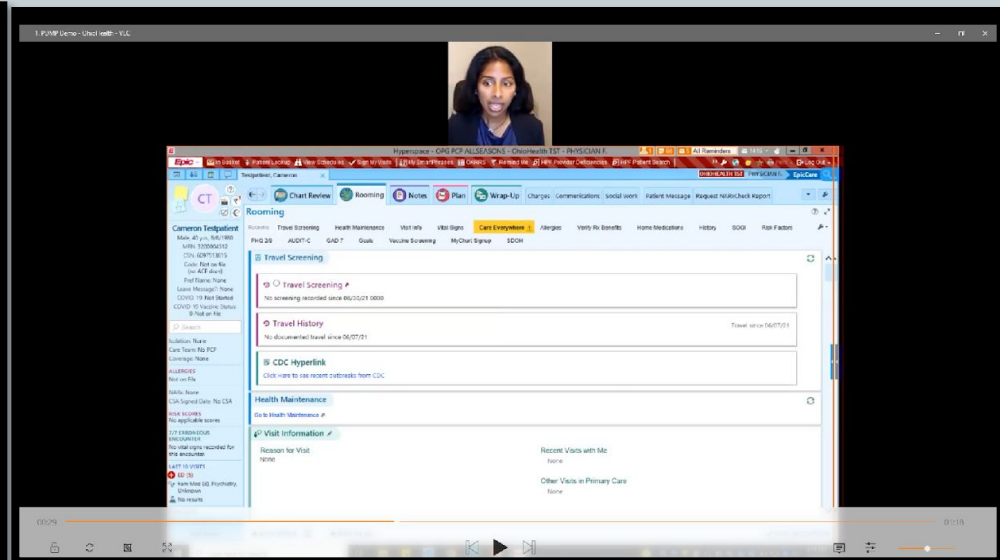


Average Time to Retrieve Patient Data from the PDMP and the Average Time to Produce a Patient Report

The following is a report produced by Appriss Health showing Ohio's PDMP response times. The first column (AVG PatientRequest Response) is the average time it takes the system to query a patient in the system. The second column (AVG ReportRequest Response) is the time it takes for the system to produce the patient report for review by a healthcare provider. As the table indicates, retrieving patient data and producing a report occurs in less than 4 seconds.

Month	AVG PatientRequest Response (in seconds)	AVG ReportRequest Response (in seconds)
AUG 2020	2.690505	0.521408
SEP 2020	2.712011	0.405142
OCT 2020	2.868203	0.391222
NOV 2020	2.541103	0.309267
DEC 2020	2.487847	0.307832
JAN 2021	2.642082	0.310632
FEB 2021	3.223051	0.317067
MAR 2021	3.28404	0.321407
APR 2021	2.84379	0.366998
MAY 2021	3.083304	0.521003
JUN 2021	2.890317	0.325551

According to Appriss, it took an average of 2:15* (2 minutes, 15 seconds) for the data to be loaded into the system after it is submitted by the dispensing pharmacy or prescriber.



Conditions for Enhanced Funding



- Not as straightforward as required outcomes.
- One-time process.
- Technical questions/items that may not always apply to PDMP.
- Applicants are strongly encouraged to work with CMS Project Officer and MITRE representatives on proposed responses.

Conditions for Enhanced Funding

- All Ohio responses coordinated into a single document (which links to supporting documents): ***Conditions for Enhanced Funding -State Evidence Document (Certification Updated > Conditions for Enhanced Funding)***



STATE OF
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Conditions for Enhanced Funding (CEF – State Evidence Document)

CEF #1: CMS determines the system is likely to provide more efficient, economical, and effective administration of the State plan.

With limited exceptions, Ohio law requires all prescribers and pharmacists to query Ohio's PDMP prior to prescribing or dispensing a controlled substance. Requirements to check Ohio's PDMP can be accessed here: www.pharmacy.ohio.gov/check

A study commissioned by the Ohio Department of Health reviewed the impact of this mandate and determined that required use of Ohio's PDMP was effective in reducing the quantity of opioids and benzodiazepines dispensed. The study can be accessed here:

<https://pubmed.ncbi.nlm.nih.gov/29778769/>

Integration of PDMPs into electronic health records and pharmacy dispensing systems provides efficiencies for Medicaid providers to meet these statutory requirements. A recent report on PDMPs (<https://www.gao.gov/products/GAO-21-22#summary>) issued by the Government Accountability Office (GAO) supports the continuation of integration efforts. The report found that providers identified the lack of integration of PDMP information into EHR systems as a key challenge for most effectively using PDMPs for patient care. Some stakeholders knowledgeable about PDMPs said the extra time it takes to search the PDMP without integration could place a significant time burden on

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Conditions for Enhanced Funding



CEF #17: For E&E systems, the State must have delivered acceptable MAGI-based system functionality, demonstrated by performance testing and results based on critical success factors, with limited mitigations and workarounds.

After review and consultation with Ohio's CMS program officer, this condition is deemed "not applicable."

Not every item is going to have a response, which is why its critical to work with your state Medicaid agency and CMS Program Officer.

Post-Certification Metrics



- Continuation of funding requires the submission of annual metrics.
- The timeframe for submission should fall around APD submission (ex. June 2021 –May 2022). Additional details will be provided by CMS Project Officer.
- ***As part of these post-certification metrics, Ohio also agreed to start matching PDMP and Medicaid datasets on the state’s shared data platform, InnovateOhio.***

Post-Certification Metrics

Reference #	Outcome	Metric	Periodicity
PDMP 1 Qualified PDMP	Covered providers have near real-time access	The average time to retrieve patient data from the PDMP and the average time to produce a patient report for the previous 12 months by month.	Annual
PDMP 3 Qualified PDMP	The state has data-sharing agreements with all contiguous states to track patients, prescribers and prescriptions across state lines. (data-sharing outside state)	[Agreements in place at any point during past 12 months - Agreements in place at any point during previous year] / Agreements in place at any point during previous year	Annual
PDMP 4 Qualified PDMP	The state medical and pharmacy directors and any designee has access to the PDMP information in an electronic format based on data-sharing agreements in place (subject to state law). (data-sharing inside state)	[Agreements in place at any point during past 12 months - Agreements in place at any point during previous year] / Agreements in place at any point during previous year	Annual
PDMP 5 Required Reporting	The state produces data for the reports that are required to be submitted in the Annual Report to HHS. The system produces reports to contribute to reports to HHS by the State Drug Utilization Review (DUR) Board and for program evaluation, continuous improvement in business operations, transparency and accountability, as well as identify patterns of fraud, abuse, gross overuse, excessive utilization related to limitations identified by the state, inappropriate or medically unnecessary care, or prescribing or billing practices that indicate abuse or excessive utilization among Medicaid physicians, pharmacists and enrollees associated with specific drugs or groups of drugs.	Complete Annual Report timely submitted to HHS? Y or N	Annual
PDMP 6 Utilization and Quality Reports		# of controlled substances dispensed per PDMP for past 12 months / # of controlled substances claimed per MMIS that were required to be reported to PDMP for past 12 months	Annual

Maine's Take on PDMP Certification and CMS Funding



**JENNIFER MARLOWE,
PMP AND IT PROJECT COORDINATOR,
MAINE OFFICE OF BEHAVIORAL HEALTH**

Key Players Before Review Meeting

- ❑ PMP Coordinator/Administrator
- ❑ Data Analyst
- ❑ Program Financial Officer
- ❑ Medicaid Partner
- ❑ Vendor/Data Collection Repository Host
- ❑ CMS/MITRE Coordinator
- ❑ HealthTech Solutions (Project Coordinator)

Maine's Cost Allocation

- Prescription Monitoring Programs (PMPs) serve two primary groups of users involved in the care of Medicaid patients:
 - Dispensers (**Pharmacies**)
 - State law requires that all dispensations of controlled substances be reported to the PMP
 - State law requires that Pharmacists check the PMP prior to dispensing controlled substances
 - Prescribers (**Providers**)
 - State law requires that Providers check the PMP prior to prescribing controlled substances

Maine PMP Pharmacies	Count
General Pharmacies	36
Medicaid Pharmacies	280
Total Pharmacies	316
Percentage of Total Pharmacies that are Medicaid Pharmacies	88.6%

PDMP Collaboration with Medicaid/CMS



- Why are PDMP's useful for Medicaid?
 - Prescriber monitoring
 - Patient monitoring
 - Fraud payments
 - Clinical closures

Don't Be Fooled By Time



- What do you need to collect?
 - Contact Medicaid now if you need data or assistance to get data
- How far back are you asking?
 - This needs to be included in the OAPD and in your metrics
 - Justification needs to be added to OAPD if you are requesting prior months.
 - How were the funds paid, do you need to return to grant?
- Total number of metrics and type of metrics
- **THE LONGER YOU WAIT TO GET OAPD IN, THE FARTHER THE DATE FOR REVIEW!**

Highlights and Recommendations



Roles and Responsibilities



CMS / MITRE	<p>CMS Role: Provide the federal funding, approve the CAM, the APD and the SMC.</p> <p>MITRE Role: Review evidence, ask questions and provide CMS with recommendations for certification approval</p>
State PDMP	Provide funding needs, collect artifacts/evidence, assist with data sharing agreement, compile metrics, assist with CAM and be the PDMP lead on the state side.
State Medicaid Program	Lead certification process, work with CMS/MITRE, assist with CAM, draft APD, work with state budget team, provide appropriate artifacts/evidence, work with state PDMP to ensure funding can be transferred, lead the CR event, respond to CMS/MITRE questions.
Vendor	Compile artifacts/evidence, assist with metrics, respond to technical questions, provide budget amount needed, assist with demo during CR.
Consultant	Coordinate meetings, provide guidance on certification process, provide templates, coordinate artifacts/evidence, assist with CAM, assist with CR event.

Certification Considerations



● Data Sharing Agreement

- This can be a time-consuming process – first, see if there is already a master data agreement between Medicaid and the PDMP agency.

● Cost Allocation

- CMS does not have a standard cost allocation method to follow so it is up to the state to propose a method that is directly related to the benefit to Medicaid, is defensible and has data to support the method.

● Metrics Reports

- Need at least 6 months of metrics data before the CR event – this need to be built into the schedule.

Certification Considerations



- **MOA between state agencies**
 - If not already available, the state may need to create an MOA/MOU between Medicaid and the PDMP agency in order to transfer the Federal funds.
- **Budget Accounts created**
 - Budget accounts will need to be created in both Medicaid and PDMP agency in order to accept the Federal Funds.
- **Scheduling**
 - There are so many people involved that just the time it takes to meet and agree on processes/documentation can take a lot of time.

Budget Considerations



- Federal Funds from CMS (the 75%)
 - Requested through an APD (likely an OAPD)
 - Based on the **Federal Fiscal Year (10/1 through 9/30)**
 - Timing: Most states submit their APDs in June for funding that will begin in October

Budget Considerations

- State Match (the 25% - not the unallocated amount)
 - Based on the **State Fiscal Year (normally 7/1 through 6/30)**
 - Most states will require programs to submit their budget request, August or September prior to the state budget that begins the following July. This includes the funding the state will need to request from CMS for the PDMP funding.
 - **IMPORTANT:** determine how often/when the state requests

Total Cost	Cost Allocation %	Amount <u>not</u> available for Medicaid Funding	Amount available for enhanced funding	75% Federal Match	25% State Match	Total Amount PDMP needs to cover
\$2,000,000	20%	\$1,600,000	\$400,000	\$300,000	\$100,000	\$1,700,000
\$2,000,000	40%	\$1,200,000	\$800,000	\$600,000	\$200,000	\$1,400,000
\$2,000,000	60%	\$800,000	\$1,200,000	\$900,000	\$300,000	\$1,100,000
Difference the PDMP would save if cost allocation is 60% instead of 20%						\$600,000

Budget Considerations

- Funds not allocated to Medicaid (cost allocation)
 - These funds will come from the State PDMP and these funds CAN come from Federal funds (such as grants)
 - These funds will need to be available for when the funding is being requested for certification. The state PDMP program should make sure they have this funding available
 - The state Medicaid program will not be involved with this part of the funding.

Total Cost	Cost Allocation %	Amount <u>not</u> available for Medicaid Funding	Amount available for enhanced funding	75% Federal Match	25% State Match	Total Amount PDMP needs to cover
\$2,000,000	20%	\$1,600,000	\$400,000	\$300,000	\$100,000	\$1,700,000
\$2,000,000	40%	\$1,200,000	\$800,000	\$600,000	\$200,000	\$1,400,000
\$2,000,000	60%	\$800,000	\$1,200,000	\$900,000	\$300,000	\$1,100,000
Difference the PDMP would save if cost allocation is 60% instead of 20%						\$600,000

Managing Expectations



- Once funding amounts and dates funding is needed are determined, create realistic timelines on when certification may be completed.
- Medicaid and the PDMP have different processes and different terminology so take the time to ensure all stakeholders have the same understanding and goals
- Work together as a team – CMS/MITRE will see this, and it will make the process much easier

Reminders



- Medicaid plays a key role in this process, so it is important that they understand the value of the PDMP
- This funding is beneficial to the state PDMP and once certified will be relatively easy to continue to receive this funding, but it will not cover the entire budget. **The state PDMP needs to ensure they have funding to cover the non-allocated funds**
- It is important to continue to level set and make sure Medicaid and the PDMP have the same goals and understanding of the timeline and roles and responsibilities
- Keep CMS/MITRE up to date on progress and ask (and log) questions!

Recommendations



Once piece of advice from each presenter

Pam: Ask for help. If you are not sure about something ... ask! Also, communicate regularly with Medicaid and CMS/MITRE and the process will be much easier.

Kari: Plan for time with your Medicaid Agency to discuss the detailed intricacies of the methodology for each measure, nuances in alignment of roster files, cadence of file delivery, reporting structure, reports for state DUR boards, etc. Spending that time up front will save from re-work on the backend.

Cameron: Foster relationships with your Medicaid Agency and work around their schedule. This is additional work for them!

Jennifer: Get what you can get done early! Even if you know that the process itself can take a minimum of 6 months, start /finish what you can now!

Resources



Medicaid.gov link for SMC:

<https://www.medicaid.gov/medicaid/data-systems/certification/streamlined-modular-certification/index.html>.

Includes links to:

- SMC SMDL (also posted on the Medicaid.gov Federal Policy Guidance page):
<https://www.medicaid.gov/federal-policy-guidance/downloads/smd22001.pdf>
- SMC Certification Guidance:
<https://www.medicaid.gov/medicaid/data-and-systems/downloads/smc-certification-guidance.pdf>
- Testing Guidance Framework:
<https://www.medicaid.gov/medicaid/data-and-systems/downloads/mes-testing-guidance-framework.pdf>
- Intake Form Template:

Contact and Questions



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Thank you!

